

02-04-05

IFW/AF

PTO/SB/31 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|---|--|--|--|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>  |  | <b>Docket Number (Optional)</b><br>00630/100D532-US1       |  |
| In re Application of<br>Lisa A. Neuhold et al.  |  |  |  |
| Application Number<br>09/717,450  |  | Filed<br>November 20, 2000                                 |  |
| For <b>TRANSGENIC ANIMAL MODEL FOR DEGENERATIVE<br/>DISEASES OF CARTILAGE</b>   |  |  |  |
| Art Unit<br>1632  |  | Examiner<br>M. C. Wilson                                   |  |
| Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.  |  |  |  |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))   |  | \$ 500.00  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  |  | \$   |  |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  |  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>04-0100</u> . I have enclosed a duplicate copy of this sheet. |  |  |  |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |  |  |  |
| I am the  |  | <i>Heather Morehouse Ettinger</i><br>Signature             |  |
| <input type="checkbox"/> applicant /inventor.   |  |  |  |
| <input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  | Heather Morehouse Ettinger, Ph.D.<br>Typed or printed name |  |
| <input type="checkbox"/> attorney or agent of record.<br>Registration number  |  | (212) 836-3744<br>Telephone number                         |  |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34. <u>51,658</u>   |  | February 2, 2005<br>Date                                   |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                            |  |  |  |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted.  |  |  |  |

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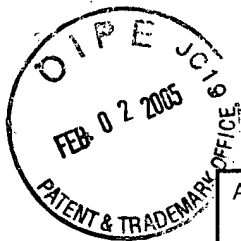
PTO/SB/17 (12-04v2)  
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|   |                    |                          |                   |
|---|--------------------|--------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |                    | <b>Complete if Known</b> |                   |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |                    | Application Number       | 09/717,450        |
|   |                    | Filing Date              | November 20, 2000 |
|   |                    | First Named Inventor     | Lisa A. Neuhold   |
|   |                    | Examiner Name            | M. C. Wilson      |
|   |                    | Art Unit                 | 1632              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |                    | Attorney Docket No.      | 00630/100D532-US1 |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 500.00 |                          |                   |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: 04-0100   |
| Deposit Account Name: Darby & Darby P.C.  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                   |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                    |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  |                       |                       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| 41  |                     | - 42 =  | x                  | =                    | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| 3   |                     | - 6 =   | x                  | =                    |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          | =                  |                      |                                  |                       |                       |
| <b>4. OTHER FEES(S)</b>   |                     |   |                    |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): 1401 Notice of appeal  |                     |   |                    |                      |                                  | 500.00                |                       |

|                     |                                   |                                   |                  |
|---------------------|-----------------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                                   |                                   |                  |
| Signature           | <i>Heather Morehouse Ettinger</i> | Registration No. (Attorney/Agent) | 51,658           |
| Name (Print/Type)   | Heather Morehouse Ettinger, Ph.D. | Telephone                         | (212) 836-3744   |
|                     |                                   | Date                              | February 2, 2005 |



Application No. (if known): 09/717,450

Attorney Docket No.: 00630/100D532-US1

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*A. Stanton*

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Notice of Appeal (1 page)  
Response to Final Official Action (20 pages)  
Amendment Transmittal (1 page)  
Fee Transmittal (1 page)  
Check in the amount of \$500.00 **#755D**  
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